



Agenda Report

2725 Judge Fran Jamieson
Way
Viera, FL 32940

Consent

F.7.

2/21/2023

Subject:

Board Approval, Award Emergency Medical Services (EMS) County Trust Grant Funds to Local Providers for 2022-2023.

Fiscal Impact:

None; \$38,148.00 in total grant funding was provided from the Florida Department of Health (FDOH) with no local match.

Dept/Office:

Public Safety Group: Brevard County Fire Rescue

Requested Action:

Request the BOCC to receive and award EMS County Trust Grant funds to local EMS providers who have submitted grant applications. Funding for this request is provided to the County from the FDOH. It is also requested that the County Manager be delegated approval authority for any budget change requests or other administrative actions as required.

Summary Explanation and Background:

Annually, the Board of County Commissioners receives grant funding from the Florida Department of Health. The funds are to be used to improve emergency medical services to the citizens of Brevard County (F.S. 401.104). Local distribution of these funds is done in accordance with the EMS ordinance (Code of Ordinances, Chapter 42_108), which is attached.

Applications from local EMS providers were reviewed by an independent committee and received a numerical ranking. The committee consisted of members with EMS experience. All local organizations who submitted grants are being recommended to receive funds. This is an annual reoccurring process funded by the FDOH.

Fire Rescue primary point of contact for action:

Contact: Patrick Voltaire

Ph. (321)633-2056

Clerk to the Board Instructions:



February 22, 2023

M E M O R A N D U M

TO: Patrick Voltaire, Fire Chief

RE: Item F.7., Board Approval to Award Emergency Medical Services (EMS) County Trust Grant Funds to Local Providers for 2022-2023

The Board of County Commissioners, in regular session on February 21, 2023, approved to receive and award EMS County Trust Grant funds to local EMS providers who have submitted grant applications; and authorized the County Manager to approve any Budget Change Requests or other administrative actions as required.

Your continued cooperation is always appreciated.

Sincerely,

**BOARD OF COUNTY COMMISSIONERS
RACHEL M. SADOFF, CLERK**

A handwritten signature in cursive script, reading "Kimberly Powell", is written over the printed name of the clerk.

Kimberly Powell, Clerk to the Board

/sm

cc: County Manager
Finance
Budget
Public Safety

Ranking	Organization	Quantity	Request	Unit cost	Amount requested	Ranking # JA	Score	Approved amount	Funded	%
	BCFR - EMS	1	Pulse Point Subscription (Year 5 of 5)	\$ 13,000.00	\$ 13,000.00	Pre approved	n/a	\$ 13,000.00	100%	33%
	BCFR - EMS	75	TPOD Orange Trauma Pelvic Orthotic Devices	\$ 101.77	\$ 7,632.75	1	70	quantity to 66	88%	17%
	Titusville Fire	1	AmbuMan Advances Mannequin	\$ 8,793.35	\$ 8,793.35	2	67	\$ 8,793.35	100%	22%
	BCFR - EMS	1	Instruction of PHTLS, EPC, and AMLS	\$ 8,365.50	\$ 8,365.50	3	66	\$ 8,365.50	100%	21%
	Rockledge Fire	1	Rescue Randy Combat Challenge Manikin	\$ 1,293.35	\$ 1,293.35	4	65	\$ 1,293.35	100%	3%
	CCVFD	1	Airtraq A390 Wi-Fi Camera and Full Kit	\$ 961.99	\$ 961.99	5	54	\$ 961.99	100%	2%
			Total		\$ 40,046.94	Total		\$ 39,141.02	Total	100%

Ranking		Ranking # CR				Note	
Organization	Quantity	Request	Unit cost	Amount requested	Score		
BCFR - EMS	1	Pulse Point Subscription (Year 5 of 5)	\$ 13,000.00	\$ 13,000.00	Pre approved	n/a	
Titusville Fire	1	AmbuMan Advanced Mannequin	\$ 8,793.35	\$ 8,793.35	1	66	
CCVFD	1	Airtraq A390 Wi-Fi Camera and Full Kit	\$ 961.99	\$ 961.99	2	61	
Rockledge Fire	1	Rescue Randy Combat Challenge Manikin	\$ 1,293.35	\$ 1,293.35	3	60	
BCFR - EMS	75	TPOD Orange Trauma Pelvic Orthotic Devices	\$ 101.77	\$ 7,632.75	4	56	
BCFR - EMS	1	Instruction of PHTLS, EPC, and AMLS	\$ 8,365.50	\$ 8,365.50	5	55	
				\$ 40,046.94	Total	\$ 39,141.02	
						Total	
						% of	

Requested funds	\$ 40,046.94
Funding available	\$ 39,141.03
Approved funds	\$ 39,141.02
Balance to carry	\$ 0.01
Applications Withdrawn 2023	
None	

2023 EMS Trust Grant Awards Summary - ATAN

ORGANIZATION	Qty	APPLICATION REQUESTS	Unit Cost	AMOUNT REQUESTED	Ranking
Titusville Fire Cape Canaveral Volunteer Fire Deedboat	1	AmbuMan Advanced Mannequin	\$ 8,793.35	\$ 8,793.35	2
Rockledge Fire Department	1	Airtraq A390 Wi-Fi Camera and Full Kit	\$ 961.99	\$ 961.99	5
Brevard County Fire Rescue	1	Rescue Randy Combat Challenge Manikin	\$ 1,293.35	\$ 1,293.35	4
Brevard County Fire Rescue	75	TPOD Orange Trauma Pelvic Orthotic Devices	\$ 101.77	\$ 7,632.75	1
Brevard County Fire Rescue	1	Instruction of PHTLS, EPC, and AMLS	\$ 8,365.50	\$ 8,365.50	3
		Total Requested	\$	\$ 27,046.94	

2023 EMS Trust Grant Awards Summary - RICHTER

ORGANIZATION	Qty	APPLICATION REQUESTS	Unit Cost	AMOUNT REQUESTED	Ranking	
Titusville Fire	1	AmbuMan Advanced Mannequin	\$ 8,793.35	\$ 8,793.35	2	61
Cape Canaveral Volunteer Fire Department	1	Airtraq A390 Wi-Fi Camera and Full Ki	\$ 961.99	\$ 961.99	5	55
Rockledge Fire Department	1	Rescue Randy Combat Challenge Mar	\$ 1,293.35	\$ 1,293.35	4	56
Brevard County Fire Rescue-1	75	TPOD Orange Trauma Pelvic Orthotic	\$ 101.77	\$ 7,632.75	1	66
Brevard County Fire Rescue-2	1	Instruction of PHTLS, EPC, and AMLS	\$ 8,365.50	\$ 8,365.50	3	60
			Total Requested	\$ 27,046.94		

BREVARD COUNTY FIRE RESCUE
EMERGENCY MEDICAL SERVICES
2023 GRANT APPLICATION



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.
(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

BREVARD COUNTY
JAN 05 2023
PROFESSIONAL STAMP
376

INTRODUCTION

The Brevard County EMS Trust grant is a REIMBURSEMENT GRANT, with NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

An applicant must meet specific eligibility requirements to be awarded a grant. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Brevard County Fire/Rescue Department.

You may submit any number of applications, and there is no limit on the amount of funds you may request. The only limitation is the amount of funds available for award.

Do not place more than one project in an application.

ELIGIBILITY

Any organization that is related to or is a member of the EMS community is eligible for an award.

This includes:

- Licensed EMS providers
- First Responder organizations
- Emergency Departments of Brevard County
- EMS training centers, academic institutions and other pre-hospital EMS service providers.
- **NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding.**

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that the applicant meets the following criteria:

1. The grant applicant's organization is based in Brevard County.
2. The application demonstrates that the grant will be used to improve and expand pre-hospital Emergency Medical Services.
3. The application is completed and signed.
4. The application does not exceed the number of pages listed in the application packet.
(Letters of support may be submitted and will not be counted as pages.)

BREVARD COUNTY FIRE/RESCUE
EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. <u>Organization Name and Primary Mission/Function:</u>	
2. <u>Grant Signer:</u> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Orlando Dominguez	
Position Title: Assistant Chief of EMS Operations	
Address: 1040 Florida Ave. S.	
City: Rockledge	County: Brevard
State: FL	Zip Code: 32955
Telephone: 321-863-3734	Fax Number: 321-633-2057
E-Mail Address: Orlando.Dominguez@brevardfl.gov	

3. <u>Contact Person:</u> (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)	
Name: Stephanie Cotton	
Position Title: Special Projects Coordinator II	
Address: 1040 Florida Ave. S	
City: Rockledge	County: Brevard
State: FL	Zip Code: 32955
Telephone: 321-505-7246	Fax Number: 321-633-2057
E-mail Address: Stephanie.Cotton@brevardfl.gov	

4. <u>Type of Service (check one):</u>
Licensed EMS provider <input checked="" type="checkbox"/> First Responder Organization <input type="checkbox"/> Emergency Department <input type="checkbox"/>
EMS Training Center <input type="checkbox"/> EMS Academic Institution <input type="checkbox"/>
Other pre-hospital EMS service provider <input type="checkbox"/>
Other (specify) <input type="text"/>

Medical Director of licensed EMS provider:

If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature: _____

Date: _____

Print/Type: Name of Director John McPherson

FL Med. Lic. No. ME 58708

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

6. Certification: My signature below certifies the following:

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by Brevard County. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening of the application by Brevard County.

I accept in the best interests of the State, Brevard County reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.

Signature of Authorized Grant Signer:
(Individual Identified in Item 2 or 3)

MM / DD / YY: _____

01/04/23

7. Justification Summary: Maximum of three pages. Must be double spaced, single side paper. Summary must address all topics listed below.

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how this grant will impact/improve the current conditions or need);
- C) The proposed solution (what will be purchased with the grant funds);
- D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);
- E) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- F) Data Sources (Provide a complete list of data source(s) you cite);
- G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously).

Complete only item 8 or 9. Select the one that pertains to the preceding Justification Summary.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

9. Explain how this grant will improve training projects this includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. For this section you may use up to two pages, double spaced, single side of paper.

- A) How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.
- B) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

RECORDS RETENTION

The grantee shall ensure that grant documentation are made available to the department, or its designee, upon request, for a period of five (5) years, unless modified in writing by Brevard County.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget including approved change requests, or are identified in an existing line item. Any disallowed EMS trust fund grant expenditure will not be reimbursed by the County and any disallowed funds received shall be returned to Brevard County by the grantee within 30 days of Brevard County Fire Rescue's notification. All costs for disallowed items are the responsibility of the grantee.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue's Grant Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. The report shall be submitted by the due date listed in the award notice.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. The Brevard County Fire Rescue's Grant Administrator shall receive the signed application no later than the "additional data submission date" listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes the "Notice of Grant Award", a copy of the application, the department agreement with the approved budget included and a copy of any approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANT ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

***Brevard County Fire Rescue
ATTN: Cindy Paulin, Grant Administrator
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955***

Brevard County Fire Rescue 2023 EMS Trust Award Grant Application:

A) Problem description (Provide a narrative of the problem or need):

Brevard County Fire Rescue (BCFR) holds the sole transport Certificate of Public Convenience and Necessity (COPCN) within Brevard County Florida for 911 responses. BCFR runs approximately 90,000 EMS calls per year and transports around 55,000 of those patients. Brevard County is a unique County in the fact that it is 72 miles long and covers approximately 1557 square miles. As the sole provider of 911 emergency transports, Brevard County Fire Rescue strives to provide the best industry practices of EMS service delivery to its citizens and guests.

A pelvic fracture can occur at any age. Mild pelvic fractures are more common in older people because they are more likely to have bone-weakening disorders such as osteoporosis while severe pelvic fractures are most common in people aged 15 to 28 years. Pelvic fractures of the pelvis can have a range of stability, from broken but completely stable to completely unstable. The stability of your pelvis depends partly on the direction in which it was broken, and partly by the amount of force that broke it. Pelvic injuries are usually caused by significant trauma, such as road traffic collisions, falls from height or a crush injury. Due to the location of the pelvis, injuries to other structures, such as major blood vessels, the bladder and/or the bowel may occur.

Present situation (Describe how this grant will impact/improve the current conditions or need):

Pelvic ring fractures resulting from high-energy and/or mass mechanisms can cause life-threatening severe bleeding; however, devices can be applied by EMS at the emergency scene to help slow or reduce that possibility. Circumferential compression is an effective and safe method to stabilize open book pelvic fractures. Currently, Brevard County Fire Rescue does not carry circumferential compression devices. An average of 50 EMS patients are transported with suspected pelvic injuries per year. Identifying the risks within the current dynamics and solutions for improvement of future service delivery will provide a more effective and efficient model, better serving Brevard County residents and guests.

B) The proposed solution (what will be purchased with the grant funds):

BCFR would like to utilize the 2023 EMS Trust Award Grant funding to purchase 75 Trauma Pelvic Orthotic Devices (TPOD). The T-POD provides simultaneous, circumferential compression of the pelvic ring. Its Mechanical Advantage Pulley System provides for quick, universal compression of the pelvic region with a simple movement of the pull tab. It provides effective stabilization of the pelvic region, and reduces pain that is associated with pelvic fracture treatment. This is a one size fits most device that is also radiolucent, X-ray, CT, and MRI compatible.

Each Rescue unit will be supplied with the TPOD and ensure application prior to transport. Purchasing 75 of these devices will cover the department demand for at minimum of 1 year until funding can be secured in the annual budget.

C) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area):

Brevard County is part of the East Central Florida Atlantic Ocean Coastline known as the Space Coast. The county is approximately 72 miles long and 22 miles wide. It is the home of Federal, State and Local critical infrastructure including the Kennedy Space Center, Cape Canaveral Air Force Station, Patrick Air Force Base, and Port Canaveral, one of the busiest cruise ports in the world. The county is also home to Melbourne-Orlando International Airport, the USSSA Space Coast Stadium, The Brevard Zoo, a major railway, several area hospitals, and countywide major utilities. The county also has miles of accessible beaches making them a popular tourist destination. The entire county encompasses 1,015 square miles which includes inland water bodies. The current population is 596,849 and experienced a growth of 9.8% over the last several years (United States Census Bureau, 2018). BCFR is a large metropolitan sized fire rescue department. The department consists of approximately 722 uniformed and civilian career service employees; the career services workforce is augmented by 108 volunteer firefighters and EMS reservist. BCFR provides professional fire and EMS from 34 stations located throughout the county.

D) The proposed time frames (Provide a list of the time frame(s) for completing this project):

The estimated time frame to complete the project is 90 days from the time the funds are received. The TPOD's will be ordered from the vendor and placed in service upon receipt and completion of the applicable protocol.

E) Data Sources (Provide a complete list of data source(s) you cite):

Pelvic Fractures, Cleveland Clinic. 2012.

Halawi MJ. Pelvic ring injuries: Emergency assessment and management. *J Clin Orthop Trauma*. 2015; 6:252-258.

Brevard County Fire Rescue Statistics. 2022

Croce MA, Magnotti LJ, Savage SA, et al. Emergent pelvic fixation in patients with exsanguinating pelvic fractures. *J Am Coll Surg*. 2007; 204:935-939.

F) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously):

Brevard County Fire Rescue has not previously received grant funding to purchase Trauma Pelvic Orthotic Devices (TPOD).

G) Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

Brevard County Fire Rescue will benefit from this grant by affording the opportunity to properly treat suspected pelvic injuries which may reduce blood loss and pain. Pelvic ring injury is associated with a significant risk of mortality (28-50%) and requires urgent management. Clinical evidence indicates that pelvic stabilization devices like the T-POD

Device can improve pelvic fracture outcomes. Immediate application of a correctly applied pelvic binder in hemodynamically unstable patients can be lifesaving. These devices may also reduce transfusion requirements and length of hospital stay as compared to embolization or external pelvic fixation. It is compact and lightweight with a one size fits most design, making it a practical option for first responders. They are a single use device that can be applied easily and quickly by a single EMS professional.

Quotation

Quotation#:

12/30/2022

Account Number: 112949-SHIP004

BILL-TO

BREVARD COUNTY FIRE RESCUE

300 ANSIN RD

ROCKLEDGE, FL 32955-5507

Ship Method: NO FRT

Payment Terms: NET 30

SHIP-TO

BREVARD COUNTY FIRE RESCUE

300 ANSIN RD

ROCKLEDGE, FL 32955-5507



Contact Name

Phone Number

Item	UOM	Description	Qty	Price	Ext.Price
TPODOR	1/EA	TPOD ORANGE TRAUMA PELVIC ORTHOTIC DEVICE	75	\$ 101.77	\$7,632.75

Quote Total \$7,632.75

Comments:

Charlie Phipps

Boundtree | Account Manager

|

Phone: (904) 640-1752 | Fax:

charlie.phipps@boundtree.com |

Sales tax will be applied to customers who are not exempt.

Shipping charges will be prepaid and added to the invoice unless otherwise stated.

This quotation is valid until the quote expires or the manufacturer's price to Bound Tree Medical increases.

To place an order, please visit our website at www.boundtree.com, login and add to your shopping cart

or call (800) 533-0523

fax (800) 257-5713

Bound Tree Medical | 5000 Tuttle Crossing Blvd., Dublin, Ohio | Telephone 800 533-0523

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	(5)
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	(5)
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	4	(5)
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	(5)
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	(5)
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	(5)
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	(5)
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	(5)
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	(5)
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	4	(5)
Innovative: Fits current county-wide EMS model.	1	2	3	4	(5)
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	(5)
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	(5)
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	(5)
TOTAL SCORE	70				

Applicant Name: Brevard County Fire

Grant Request Description: TPOD Trauma Pelvic

Reviewer: Josh Atan

Signature: [Signature]

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
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Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
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Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
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Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE	66				

Applicant Name: BCFR-1

Grant Request Description: TPOD

Reviewer: Cory S. Richter

Signature: _____

BREVARD COUNTY FIRE RESCUE
EMERGENCY MEDICAL SERVICES
2023 GRANT APPLICATION



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.

(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

BREVARD COUNTY

JAN 05 2025

PROFESSIONAL STND

INTRODUCTION

The Brevard County EMS Trust grant is a REIMBURSEMENT GRANT, with NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

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4. The application does not exceed the number of pages listed in the application packet.
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BREVARD COUNTY FIRE/RESCUE
EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. <u>Organization Name and Primary Mission/Function:</u>	
2. <u>Grant Signer:</u> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Orlando Dominguez	
Position Title: Assistant Chief of EMS Operations	
Address: 1040 Florida Ave. S.	
City: Rockledge	County: Brevard
State: FL	Zip Code: 32955
Telephone: 321-863-3734	Fax Number: 321-633-2057
E-Mail Address: Orlando.Dominguez@brevardfl.gov	

3. <u>Contact Person:</u> (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)	
Name: Stephanie Cotton	
Position Title: Special Projects Coordinator II	
Address: 1040 Florida Ave. S	
City: Rockledge	County: Brevard
State: FL	Zip Code: 32955
Telephone: 321-505-7246	Fax Number: 321-633-2057
E-mail Address: Stephanie.Cotton@brevardfl.gov	

4. <u>Type of Service (check one):</u>
Licensed EMS provider <input checked="" type="checkbox"/> First Responder Organization _____ Emergency Department _____
EMS Training Center _____ EMS Academic Institution _____
Other pre-hospital EMS service provider _____
Other (specify) _____

Medical Director of licensed EMS provider:

If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature: _____

Date: _____

Print/Type: Name of Director John McPherson

FL Med. Lic. No. ME 58708

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

6. Certification: My signature below certifies the following:

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by Brevard County. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening of the application by Brevard County.

I accept in the best interests of the State, Brevard County reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.

Signature of Authorized Grant Signer:
(Individual Identified in Item 2 or 3)

MM / DD / YY: 01/05/23

7. Justification Summary: Maximum of three pages. Must be double spaced, single side paper. Summary must address all topics listed below.

A) Problem description (Provide a narrative of the problem or need);

B) Present situation (Describe how this grant will impact/improve the current conditions or need);

C) The proposed solution (what will be purchased with the grant funds);

D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);

E) The proposed time frames (Provide a list of the time frame(s) for completing this project);

F) Data Sources (Provide a complete list of data source(s) you cite);

G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously).

Complete only item 8 or 9. Select the one that pertains to the preceding Justification Summary.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

9. Explain how this grant will improve training projects this includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. For this section you may use up to two pages, double spaced, single side of paper.

A) How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.

B) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

RECORDS RETENTION

The grantee shall ensure that grant documentation are made available to the department, or its designee, upon request, for a period of five (5) years, unless modified in writing by Brevard County.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget including approved change requests, or are identified in an existing line item. Any disallowed EMS trust fund grant expenditure will not be reimbursed by the County and any disallowed funds received shall be returned to Brevard County by the grantee within 30 days of Brevard County Fire Rescue's notification. All costs for disallowed items are the responsibility of the grantee.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue's Grant Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. The report shall be submitted by the due date listed in the award notice.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. The Brevard County Fire Rescue's Grant Administrator shall receive the signed application no later than the "additional data submission date" listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes the "Notice of Grant Award", a copy of the application, the department agreement with the approved budget included and a copy of any approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANT ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

***Brevard County Fire Rescue
ATTN: Cindy Paulin, Grant Administrator
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955***

Brevard County Fire Rescue 2023 EMS Trust Award Grant Application:

A) Problem description (Provide a narrative of the problem or need):

Brevard County Fire Rescue (BCFR) holds the sole transport Certificate of Public Convenience and Necessity (COPCN) within Brevard County Florida for 911 responses. aBCFR runs approximately 90,000 EMS calls per year and transports around 55,000 of those patients. Brevard County is a unique County in the fact that it is 72 miles long and covers approximately 1557 square miles. Brevard County Fire Rescue currently operates 31 ALS transport units located throughout the County. As the sole provider of 911 emergency transports, Brevard County Fire Rescue strives to provide the best industry practices of EMS service delivery to it is citizens and guests. However, with the rapidly expansion and development of the local economy in Brevard County, there are some aspects of service delivery that would be a significantly beneficial addition. Clinical education is critical to maintain these best practice standards. Expanding BCFR's training resources to provide instruction of nationally recognized advanced emergency medical courses to not only our own employees but also to other municipal agencies, will ensure consistency, continuity, and quality of care.

B) Present situation (Describe how this grant will impact/improve the current conditions or need):

The National Association of Emergency Medical Technicians (NAEMT) area provides curriculum and materials for Prehospital Trauma Life Support (PHTLS), Emergency Pediatric Care (EPC), and Advanced Medical Life Support (AMLS).

Currently there is very limited availability and access to these courses in Brevard County. This in turn makes obtaining these certifications more time consuming and creates additional travel expenses for individuals in this area who want to obtain them. For example, there is only 1 PHTLS course offered in Brevard County in 2023. There are no EPC and AMLS courses scheduled in this area.

C) The proposed solution (what will be purchased with the grant funds):

Funding provided by the EMS Trust Award Grant would be used by BCFR to provide instruction of PHTLS, EPC, and AMLS of up to 20 students in total for all 3 courses, county wide. Each course is comprised of 16 hours of required material initial provider course or 8 hours of instruction for refresher courses. The NAEMT administrative cost per student for initial certification in each course is \$15.00. The total administrative cost would be \$900.00. Additionally, textbooks and instructor training materials would be purchased to be kept on site at a cost of \$7,465.50. The complete total to provide instruction for these NAEMT courses is \$8,365.50. The instructional program would be a recurring EMS Trust Award Grant consideration over the next 5 years to continue funding for 20 students per year as well as replacement training materials as needed.

D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area):

Brevard County is part of the East Central Florida Atlantic Ocean Coastline known as the Space Coast. The county is approximately 72 miles long and 22 miles wide. It is the home of Federal, State and Local critical infrastructure including the Kennedy Space

Center, Cape Canaveral Air Force Station, Patrick Air Force Base, and Port Canaveral, one of the busiest cruise ports in the world. The county is also home to Melbourne-Orlando International Airport, the USSSA Space Coast Stadium, The Brevard Zoo, a major railway, several area hospitals, and countywide major utilities. The county also has miles of accessible beaches making them a popular tourist destination. The entire county encompasses 1,015 square miles which includes inland water bodies. The current population is 596,849 and experienced a growth of 9.8% over the last several years (United States Census Bureau, 2018). BCFR is a large metropolitan sized fire rescue department. The department consists of approximately 722 uniformed and civilian career service employees. BCFR provides professional fire and EMS from 34 stations located throughout the county.

E) The proposed time frames (Provide a list of the time frame(s) for completing this project):

The estimated time frame to obtain the required instructor certifications and schedule the first class is within the 90 days from the time the funds are received. Courses would be offered throughout the year.

F) Data Sources (Provide a complete list of data source(s) you cite):

NAEMT - Estimated Training Center Cost for Conducting an NAEMT Course

G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously):

Brevard County Fire Rescue has not previously received grant funding to provide instruction of PHTLS, EPC or AMLS.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

The mission of PHTLS is to promote excellence in trauma patient management by all providers involved in the delivery of prehospital care. PHTLS is developed by NAEMT in cooperation with the American College of Surgeons' Committee on Trauma. PHTLS courses improve the quality of trauma care and decrease mortality. The program is based on a philosophy stressing the treatment of the multi-system trauma patient as a unique entity with specific needs. PHTLS is the global gold standard in prehospital trauma education and is s accredited by CAPCE and recognized by NREMT. PHTLS covers the following topics:

- Physiology of life and death
- Scene assessment
- Patient assessment
- Airway
- Breathing, ventilation and oxygenation
- Circulation, hemorrhage and shock
- Patients with disabilities
- Patient simulations

The Emergency Pediatric Care (EPC) course focuses on critical pediatric physiology, illnesses, injuries and interventions to help EMS practitioners provide the best treatment for sick and injured children in the field. The course stresses critical thinking skills to help practitioners make the best decisions for their young patients. EPC is accredited by CAPCE and recognized by NREMT. Topics covered include:

- The pathophysiology of the most common critical pediatric emergency issues, and critical thinking skills to help practitioners make the best decisions for their patients.
- Application of the Pediatric Assessment Triangle (PAT), a tool to help EMS practitioners rapidly and accurately assess pediatric patients.
- The importance of family-centered care.
- Understanding and communicating with children.
- Airway management, breathing and oxygenation.
- Cardiac emergencies.
- Recognizing child abuse and neglect.
- Hypoperfusion and shock.
- Newborn resuscitation.

Advanced Medical Life Support (AMLS) remains the gold standard of education for emergency medical assessment and treatment and is a systematic tool for assessing and managing common medical conditions with urgent accuracy. The course emphasizes the use of scene size-up, first impression, history, interactive group discussion on differential diagnosis and potential treatment strategies, and physical

exam to systematically rule out and consider possibilities and probabilities in treating patients' medical crises. AMLS is accredited by CAPCE and recognized by NREMT. The course covers the following topics:

- Respiratory disorders
- Cardiovascular disorders
- Shock
- Sepsis
- Neurological disorders
- Endocrine/Metabolic disorders
- Environmental emergencies
- Infectious disease
- Abdominal disorders
- Toxicological emergencies
- Exposure to hazardous materials

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	4	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	4	5
Innovative: Fits current county-wide EMS model.	1	2	3	4	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE	66				

Applicant Name: Brevard Fire Rescue

Grant Request Description: Instruction of PHTLS, EPC & AMLS

Reviewer: Juan Alan

Signature: [Signature]

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	⑤
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	③	4	5
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	④	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	④	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	④	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	⑤
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	③	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	⑤
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	④	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	④	5
Innovative: Fits current county-wide EMS model.	1	2	3	4	⑤
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	④	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	⑤
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	⑤
TOTAL SCORE	60				

Applicant Name: BCFR-2

Grant Request Description: NAEMT Classes

Reviewer: Cory S. Richter

Signature: _____

BREVARD COUNTY FIRE RESCUE
EMERGENCY MEDICAL SERVICES
2023 GRANT APPLICATION



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.

(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

INTRODUCTION

The Brevard County EMS Trust grant is a REIMBURSEMENT GRANT, with NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

An applicant must meet specific eligibility requirements to be awarded a grant. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Brevard County Fire/Rescue Department.

You may submit any number of applications, and there is no limit on the amount of funds you may request. The only limitation is the amount of funds available for award.

Do not place more than one project in an application.

ELIGIBILITY

Any organization that is related to or is a member of the EMS community is eligible for an award.

This includes:

- Licensed EMS providers
- First Responder organizations
- Emergency Departments of Brevard County
- EMS training centers, academic institutions and other pre-hospital EMS service providers.
- **NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding.**

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that the applicant meets the following criteria:

1. The grant applicant's organization is based in Brevard County.
2. The application demonstrates that the grant will be used to improve and expand pre-hospital Emergency Medical Services.
3. The application is completed and signed.
4. The application does not exceed the number of pages listed in the application packet.
(Letters of support may be submitted and will not be counted as pages.)

BREVARD COUNTY FIRE/RESCUE
EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. Organization Name and Primary Mission/Function: Rockledge Department of Public Safety
Fire and EMS Division

2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)

Name: Dr. Brenda Fettrow

Position Title: City Manager

Address: 1600 Huntington Lane

City: Rockledge

County: Brevard

State: Florida

Zip Code: 32955

Telephone: 321-221-7540

Fax Number:

E-Mail Address: bfettrow@cityofrockledge.org

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)

Name: James Wilson

Position Title: Deputy Chief of Fire and EMS

Address: 1776 Jack Oates Blvd.

City: Rockledge

County: Brevard

State: Florida

Zip Code: 32955

Telephone: 321-221-7540

Fax Number:

E-mail Address: jwilson@cityofrockledge.org

4. Type of Service (check one):

Licensed EMS provider ☒ First Responder Organization _____ Emergency Department _____

EMS Training Center _____ EMS Academic Institution _____

Other pre-hospital EMS service provider _____

Other (specify) _____

Medical Director of licensed EMS provider:

If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature: Unavailable to sign at time of application Date: 12/12/2022

Print/Type: Name of Director Dr. David Williams, DO

FL Med. Lic. No. OS-6588

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

6. Certification: My signature below certifies the following:

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by Brevard County. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening of the application by Brevard County.

I accept in the best interests of the State, Brevard County reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.

Dr. Brenda Fetterow

MM / DD / YY: 12/13/2022

Signature of Authorized Grant Signer:
(Individual Identified in Item 2 or 3)

7. Justification Summary: Maximum of three pages. Must be double spaced, single side paper. Summary must address all topics listed below.

A) Problem description (Provide a narrative of the problem or need);

B) Present situation (Describe how this grant will impact/improve the current conditions or need);

C) The proposed solution (what will be purchased with the grant funds);

D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);

E) The proposed time frames (Provide a list of the time frame(s) for completing this project);

F) Data Sources (Provide a complete list of data source(s) you cite);

G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously).

Complete only item 8 or 9. Select the one that pertains to the preceding Justification Summary.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

9. Explain how this grant will improve training projects this includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. For this section you may use up to two pages, double spaced, single side of paper.

A) How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.

B) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

7. a. Problem Description:

Rockledge Fire Department (RFD), located in Brevard County (America's Space Coast), is a licensed ALS Provider providing coverage for the City of Rockledge. As an all-hazards agency RFD is charged with responding to all types of emergency situations both within the city limits of Rockledge as well as outside of the city fulfilling mutual and automatic aid response agreements. The department is comprised of three fire stations strategically located throughout the city helping to ensure an average response time of under 4 minutes. Each station has one engine assigned and all are ALS licensed with a minimum of one Paramedic on board at all times providing ALS services under the Medical Direction of Dr. David Williams. As an all-services Fire Department, Rockledge utilizes many training tools in order to ensure competence, confidence and safe operations. Among the tools used, one in particular sticks out as desperately being in need of replacement; a manikin that is some 25-years-old, is in total disrepair and is beyond salvage. This manikin is utilized for extrication training, "dummy drags", medical scenarios and is placed into locations that make it difficult to rescue. Over the years the manikin has lost one leg, the chest plate and in addition the skin is worn, stained and torn. This manikin is used several times each week by on-duty crews and is also utilized during new-hire testing processes. One article written in 2019 states "the importance of realistic firefighter training cannot be over emphasized. And the more realistic it can be made the better." (Fire Engineering, 2019)

In the most recent full calendar year the department responded to a total of 4577 calls for assistance. Of this number 61 were actual fire responses while 3195 were EMS. The remaining balance of the responses were comprised of lift assist, special events, investigations, false alarms and cancellations. (ESO, 2022) Because such a high number of the responses handled involved having to lift and move patients/victims, the important role a life-sized manikin plays in the department becomes even more apparent. Arguably one of the most profound injury potentials modern fire services faces are those involving the safe movement of patients from the position found to the position desired. One article located that was written in 2017 cites the fact that 21% of all provider injuries are lower back injuries that resulted from patient lifting. (JEMS, 2017) With responses increasing, obesity becoming commonplace and the elderly population increasing the potentials of crew injuries increases exponentially and drastically.

Fortunately, with proper lifting techniques, training and healthy workout programs it is certain that many injuries can be avoided. Rockledge Fire Department is able to address two of these three critical components; the training and the workout regime. With the addition of a replacement manikin, training scenarios can be made more realistic, injuries no doubt avoided and in a very tangible way the citizens Rockledge Fire Department serves will benefit.

b. Present Situation:

RFD has an average response time of just under 4 minutes citywide (ESO, 2022). The dispatch services for the city are provided, via contract, by Brevard County Fire Rescue. This allows the simultaneous dispatch of the RFD licensed non-transport ALS asset as well as the licensed ALS transport unit from the county. In nearly every case RFD arrives on scene first and initiates the first patient contact. In most cases RFD arrives over two minutes prior to BCFR. Immediately upon patient contact RFD personnel begin the utilization of the Space Coast Regional EMS Protocols (Williams, 2022). The protocols take into consideration appropriate packaging and movement of patients including splinting, extrication and comfort care.

In addition to the 9-1-1 calls for assistance Rockledge Fire Department also performs Special Events stand-by services approximately 8 to 12 times per year. This includes no less than 4 events that take place in the Civic Hub, an event location designed to allow large numbers to gather for such events as car shows, food events and horticultural expos. Also covered are local high school football games at least four times each year and, because of a close-knit community and tremendous support of the high school athletics locally, each game sees an attendance of some 500 to 1000 visitors. Each of these events represents opportunities for having to use proper lifting techniques and thus potentials of crew member injuries.

During training evolutions currently, the department is using a manikin that is well past its life expectancy and lacks any semblance of realism that an updated and more modern manikin would afford. Modern manikins allow for movement of a lifelike weighted manikin that can also receive simulated care; all-inclusive and immersive training that leads to increased levels of confidence when providers are called on to provide actual services.

c. The Proposed Solution

The proposed solution centers on the purchase of a new manikin, a Rescue Randy Combat Challenge Manikin. With realistic size, weight and proportions along with the capability to allow practice in providing treatment, this manikin will serve the department, and thus indirectly, the citizens for literally years to come.

d. Consequences if not funded:

Should this application fail to receive funding, and in no small part due to the fiscal challenges related to the post-pandemic era we are all now in, RFD will be forced to continue utilizing the old manikin performing less than ideal

training scenarios and thus leaving both the patients we serve as well as our personnel vulnerable to injuries that might otherwise have been avoided.

e. Geographic Area:

The City of Rockledge is an incorporated city in Central Brevard County made up of 13.5 square miles. The latest complete census showed 27,476 citizens. (Census, 2018) The city has several forms of industry and also includes two major north-to-south roadways (U.S. Highway 1 and Interstate 95) as well as a major railroad. (Florida East Coast and soon Brightline) In addition to providing primary fire and ALS response coverage within the city limits of Rockledge, the department also has an automatic aid agreement with Brevard County Fire Rescue assisting in covering portions of unincorporated Viera and a mutual-aid response compact with the neighboring city of Cocoa. In addition to single family residences, Rockledge includes several Assisted Living Facilities and Nursing Care Facilities, a large hospital (Rockledge Regional) and several plans for expansion underway which will only serve to increase response numbers as both residential and industrial numbers increase in the years to come.

f. Proposed Time Frames:

The timeframe is as follows:

• Order manikin from medical provider	Within one week of receipt of grant award funds
• Receipt of manikin	8 to 12 weeks from time of order
• Grant closure	Immediately after receipt
• Training of use	Begins immediately on receipt
• Deployment	On completion of training; within one week of receipt
• Evaluation	Ongoing post deployment

g. Data Sources:

- 1.) Rockledge Fire Department Response Data (ESO), 2021 – (ESO, 2022)
- 2.) Reducing EMS Provider Lifting Injuries, JEMS Online (JEMS, 2017)
- 3.) Space Coast Regional EMS Protocols, Dr. David Williams, Updated 2022 (Williams, 2022)
- 4.) The Importance of Realistic Fire Training, Fire Engineering Online (Fire Engineering, 2019)

h. Statement:

This grant application is in no way a duplicated effort of any other grant application or process.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service.

The City of Rockledge Fire Department, like literally every other department in the nation, is dependent on realistic and comprehensive training. Our philosophy is a simple one; we do not train until we get it right. We train until we cannot get it wrong. This sort of a training outlook requires that the right tools be made available to facilitate the training. One of the most important tools that we use is a lifelike manikin; one that allows training on lifting techniques and tactics even from difficult and precarious positions. These manikins help to ensure that providers do not get injured nor do they injure those being lifted. A weighted manikin reduces the risk to both fire personnel and those whom we serve. If even one workman's compensation claim is avoided, tens of thousands in savings will be realized. And this does not even take into account the positive affects on morale; personnel being given the right tools to train are far more likely to fully engage in the exercises and thus benefit to a greater degree.

9. Explain how this grant will improve training projects.

a. How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.

Literally 100% of Rockledge Fire Department personnel will receive training and benefit from the purchase of the manikin. In reality, multiple times. From safely dragging a simulated patient out of harm's way to extrication from a vehicle; removing a patient from a small confined space to lowering via ropes, the purchase of this manikin will lead to training exercises and outcomes that simply cannot take place currently. And it will involve each and every member of the department, current and future.

b. If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

Currently every single training evolution involving the use of a manikin utilizes the old and outdated model that has been in the possession of the city since approximately 1995. Going forward, if funded, every single training evolution will use the new manikin.

Each station and shift goes to the training center no less than three times per week. Fully one third of the training currently involves the use of the manikin. With three shifts using the manikin once per week, conservatively, and each station being actively involved and performing no less than two evolutions per session, the manikin is currently being used in approximately 6 training evolutions per week. Again, this is a conservative figure and does not include those times when new-hire training and/or testing is taking place, officer training is being held or other specialized training is hosted. (For example, law enforcement personnel also use the FD manikin on occasion and would also benefit if this grant application is selected for award.)

Quotation

Quotation#:

12/12/2022

Account Number: 106140-ESHIP002**BILL-TO**

CITY OF ROCKLEDGE FIRE DEPT

1600 HUNTINGTON LN

ROCKLEDGE, FL 32955-2660

Ship Method: NO FRT

Payment Terms: NET 30

SHIP-TO

CITY OF ROCKLEDGE FIRE DEPT

1776 JACK OATES BLVD

ROCKLEDGE, FL 32955-2856

Contact Name

Phone Number



Item	UOM	Description	Qty	Price	Ext.Price
6514351	1/EA	Rescue Manikin, Rescue Randy Combat Challenge, 165 lb	1	\$ 1,293.35	\$1,293.35

Quote Total \$1,293.35**Comments:****Charlie Phipps**

Boundtree | Account Manager

|

Phone: (904) 640-1752 | Fax:

charlie.phipps@boundtree.com |

Sales tax will be applied to customers who are not exempt.

Shipping charges will be prepaid and added to the invoice unless otherwise stated.

This quotation is valid until the quote expires or the manufacturer's price to Bound Tree Medical increases.

To place an order, please visit our website at www.boundtree.com, login and add to your shopping cart

or call (800) 533-0523

fax (800) 257-5713

Bound Tree Medical | 5000 Tuttle Crossing Blvd., Dublin Ohio | Telephone 800 533-0523

RECORDS RETENTION

The grantee shall ensure that grant documentation are made available to the department, or its designee, upon request, for a period of five (5) years, unless modified in writing by Brevard County.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget including approved change requests, or are identified in an existing line item. Any disallowed EMS trust fund grant expenditure will not be reimbursed by the County and any disallowed funds received shall be returned to Brevard County by the grantee within 30 days of Brevard County Fire Rescue's notification. All costs for disallowed items are the responsibility of the grantee.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue's Grant Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. The report shall be submitted by the due date listed in the award notice.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. The Brevard County Fire Rescue's Grant Administrator shall receive the signed application no later than the "additional data submission date" listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes the "Notice of Grant Award", a copy of the application, the department agreement with the approved budget included and a copy of any approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANT ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

***Brevard County Fire Rescue
ATTN: Cindy Paulin, Grant Administrator
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955***

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
	1	2	3	4	5
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	4	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	4	5
Innovative: Fits current county-wide EMS model.	1	2	3	4	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE					65

Applicant Name: _____

Grant Request Description: _____

Reviewer: _____

Signature: _____

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
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Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
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Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE	56				

Applicant Name: Rockledge FD

Grant Request Description: Rescue Randy

Reviewer: Cory S. Richter

Signature: _____

BREVARD COUNTY FIRE RESCUE
EMERGENCY MEDICAL SERVICES
2023 GRANT APPLICATION



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.

(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

INTRODUCTION

The Brevard County EMS Trust grant is a REIMBURSEMENT GRANT, with NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

An applicant must meet specific eligibility requirements to be awarded a grant. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Brevard County Fire/Rescue Department.

You may submit any number of applications, and there is no limit on the amount of funds you may request. The only limitation is the amount of funds available for award.

Do not place more than one project in an application.

ELIGIBILITY

Any organization that is related to or is a member of the EMS community is eligible for an award.

This includes:

- Licensed EMS providers
- First Responder organizations
- Emergency Departments of Brevard County
- EMS training centers, academic institutions and other pre-hospital EMS service providers.
- **NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding.**

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that the applicant meets the following criteria:

1. The grant applicant's organization is based in Brevard County.
2. The application demonstrates that the grant will be used to improve and expand pre-hospital Emergency Medical Services.
3. The application is completed and signed.
4. The application does not exceed the number of pages listed in the application packet.
(Letters of support may be submitted and will not be counted as pages.)

BREVARD COUNTY FIRE/RESCUE
EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. <u>Organization Name and Primary Mission/Function:</u> Cape Canaveral Volunteer Fire Department	
2. <u>Grant Signer:</u> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Dave Sargeant	
Position Title: Fire Chief	
Address: 8970 Columbia Rd	
City: Cape Canaveral	County: Brevard
State: Florida	Zip Code: 32920
Telephone: 321-783-4424	Fax Number: 321-783-4887
E-Mail Address: DSargeant@ccvfd.org	

3. <u>Contact Person:</u> (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)	
Name: Sean Sboto	
Position Title: Captain/EMS Coordinator	
Address: 8970 Columbia Rd	
City: Cape Canaveral	County: Brevard
State: Florida	Zip Code: 32920
Telephone: 321-783-4424	Fax Number: 321-783-4887
E-mail Address: SSboto@ccvfd.org	

4. <u>Type of Service (check one):</u>
Licensed EMS provider <input checked="" type="checkbox"/> First Responder Organization <input type="checkbox"/> Emergency Department <input type="checkbox"/>
EMS Training Center <input type="checkbox"/> EMS Academic Institution <input type="checkbox"/>
Other pre-hospital EMS service provider <input type="checkbox"/>
Other (specify) _____

Medical Director of licensed EMS provider:

If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. [No signature is needed if medical equipment and professional EMS education are not in this project.]

Signature:  Date: 12/12/2022

Print/Type: Name of Director: John R McPherson, MD

FL Med. Lic. No: FL ME 58708

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

6. Certification: My signature below certifies the following:

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by Brevard County. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening of the application by Brevard County.

I accept in the best interests of the State, Brevard County reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.


Signature of Authorized Grant Signer:
(Individual Identified in Item 2 or 3)

MM / DD / YY: 12/13/22

7. Justification Summary: Maximum of three pages. Must be double spaced, single side paper. Summary must address all topics listed below.

A) Problem description (Provide a narrative of the problem or need);

B) Present situation (Describe how this grant will impact/improve the current conditions or need);

C) The proposed solution (what will be purchased with the grant funds);

D) The geographic area that will benefit from the grant (Provide a narrative description of the geographic area);

E) The proposed time frames (Provide a list of the time frame(s) for completing this project);

F) Data Sources (Provide a complete list of data source(s) you cite);

G) Statement attesting that the proposal is not a duplication of a previous effort (This project must not duplicate another grant project awarded previously).

Complete only item 8 or 9. Select the one that pertains to the preceding Justification Summary.

8. Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service. This may include vehicles, medical and rescue equipment, communications and navigation equipment, dispatch services, and or other items or training that improve on-site treatment, rescue or benefit victims at an emergency scene. For this section you may use up to two pages, double spaced, single side of paper.

9. Explain how this grant will improve training projects this includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. For this section you may use up to two pages, double spaced, single side of paper.

A) How many people do you estimate will successfully complete this training in the 12 months after the grant is awarded.

B) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide comparison data for the 12 months prior to the training and project what improvement would be realized if awarded the grant.

Brevard County Fire Rescue BUDGET/REIMBURSEMENT REQUEST EXPENDITURE REPORT

Name of Grantee: Dave Sargeant

Time Period Covered: Award Date: _____ Ending Date: _____

Total Amount Requested \$961.99

Major Line Items:	TOTAL
Amount Requested: (Approved Budget Expenditure by Major Line Items)	\$
LDA390KIT Airtraq A390 Wi-Fi Camera and Full Kit, Standard Hard Case, USB, Silicone Cover, Docking Station and Charger	\$950.00
LDA390USC Blue Silicone Cover for Airtraq A390 Wi-Fi Camera	\$0.00
Shipping Charge for Quote	\$11.99
TOTAL REQUESTED/BUDGETED EXPENDITURES	\$961.99
Actual Expenditures (by Major Line Items)	\$
TOTAL EXPENDITURES (TO BE REIMBURSED)	\$

certify the above reports are true and correct. Expenditures were made only for items allowed by the grant.



Signature of Contact Person

12/12/22

Date

RECORDS RETENTION

The grantee shall ensure that grant documentation are made available to the department, or its designee, upon request, **for a period of five (5) years**, unless modified in writing by Brevard County.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget including approved change requests, or are identified in an existing line item. Any disallowed EMS trust fund grant expenditure will not be reimbursed by the County and any disallowed funds received shall be returned to Brevard County by the grantee within 30 days of Brevard County Fire Rescue's notification. All costs for disallowed items are the responsibility of the grantee.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

EXPENDITURE REPORTS

Each grantee shall submit an expenditure report to Brevard County Fire Rescue's Grant Administrator for reimbursement purposes. The report shall include, at a minimum, copies of any training records, a narrative of the activities completed along with copies of any invoices, cancelled checks or like documentation of expenditures. The report shall be submitted by the due date listed in the award notice.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. If this is not possible before the due date a letter shall be submitted to the department explaining why and when the signed application shall be received. The Brevard County Fire Rescue's Grant Administrator shall receive the signed application no later than the "additional data submission date" listed in the award notice.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes

the "Notice of Grant Award", a copy of the application, the department agreement with the approved budget included and a copy of any approved changes.

REIMBURSEMENT REQUIREMENTS

All expenditures shall be completed within 180 days of the award. Within 90 days of the completion date a Reimbursement request shall be submitted to the **BREVARD COUNTY FIRE RESCUE DEPARTMENT GRANT ADMINISTRATOR**. The report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, and canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

Completed applications should be mailed to the following address:

***Brevard County Fire Rescue
ATTN: Cindy Paulin, Grant Administrator
Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955***

Justification Summary for Airtraq Grant

- A) The problem, or need for the Airtraq is to provide our personnel with a video laryngoscope to facilitate intubation. We currently have these devices on two out of our three front run apparatus and using the AirTraq has proven to increase our success rate of intubations in the field.
- B) By obtaining the grant and the purchase of the Airtraq, our chances for successful field intubations on critical patients will increase, as would our chances for survival in cardiac arrest patients.
- C) The purposed solution would be the purchase of the Airtraq A390 Wi-Fi Camera and Full Kit, which includes a charger and docking station.
- D) The geographic area that will benefit from this grant would be Port Canaveral, City of Cape Canaveral and the unincorporated area of Avon by the Sea. Our one apparatus that currently does not have this equipment has seen a significant increase of EMS calls due to Port Canaveral reopening cruise sailing after the COVID-19 pandemic. Adding an AirTraq to this apparatus will increase our ability to provide the best patient care to our patients.
- E) The proposed time frames for completing this project would be within 60 days of grant awarded.
- F) https://www.mercurymed.com/wp-content/uploads/airtraq_brochure-2022.pdf

G) I attest that this proposal is not a duplication of a previous effort.

8. This grant will positively affect provider services and improve patient care in critical patients needing a secured airway. This grant will assist Cape Canaveral Volunteer Fire Department by providing our Paramedics with the equipment to support increasing their chances of successfully intubating critical patients and also provide documentation for confirmation of proper ET Tube placement. Cape Canaveral Volunteer Fire Department is always looking to provide the best patient care possible, and with the addition of this AirTraQ device, all apparatus in our department will be equipped with the topmost technology and equipment in order for our personnel to be able to achieve our goal.



Since 1963

Quote

#EST15657

12/12/2022

Mercury Medical
11300 49th Street North
Clearwater FL 33762-4807
United States

Bill To

Cape Canaveral Volunteer
Fire Department
8970 Columbia Road
Cape Canaveral FL 32920
United States

Ship To

Cape Canaveral Volunteer
Fire Department
8970 Columbia Road
Cape Canaveral FL 32920
United States

Account Number:121049

Customer Service Phone # 1-800-835-6633
Customer Service Email uscustomerservice@mercurymed.com
Terms Due on receipt
Shipment Transportation Terms
Shipping Method
Expires 3/12/2023

Sales Specialist

Josh Gomez - Sales Specialist
Heather Doughty - Inside Sales Specialist

Phone Number

Office Phone:(727) 748-4680
Office Phone:(727) 573-4917

Email

jgomez@mercurymed.com
hdoughty@mercurymed.com

Quantity	Units	Item	Rate	Amount
1	Ea	LDA390KIT Airtraq A390 WiFi Camera And Full Kit, Standard Hard Case, USB, Silicone Cover, Docking Station and Charger	\$950.00	\$950.00
1	Ea	LDA390USC Blue Silicone Cover For Airtraq A390 WiFi Camera	\$0.00	\$0.00
1	Ea	Shipping Charge for Quote	\$11.99	\$11.99
Subtotal				\$961.99
Tax Total (%)				\$0.00
Total				\$961.99

The above prices do not include applicable freight.

Effective May 31, 2022 this Quote may reflect a price increase due to the unprecedented global supply events outside the control of Mercury Medical.



EST15657

1 of 1

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	4	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	4	5
Innovative: Fits current county-wide EMS model.	1	2	3	4	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE	54				

Applicant Name: Cape Canaveral Volunteer Fire

Grant Request Description: Air-tag A390 Wi-Fi Camera & Full Kit

Reviewer: [Signature]

Signature: [Signature]

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	④	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	④	5
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	④	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	④	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	⑤
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	⑤
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	③	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	③	4	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	④	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	4	⑤
Innovative: Fits current county-wide EMS model.	1	2	3	④	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	③	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	④	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	③	4	5
TOTAL SCORE	55				

Applicant Name: Cape Canaveral Volunteer FD

Grant Request Description: Airtraq A390

Reviewer: Cory S. Richter

Signature: _____

BREVARD COUNTY FIRE RESCUE
EMERGENCY MEDICAL SERVICES
2023 GRANT APPLICATION



THE EMS TRUST GRANT PROGRAM APPLICATION AND GUIDELINES.

(PLEASE READ THE GUIDELINES PRIOR TO FILLING OUT THE APPLICATION.)

INTRODUCTION

The Brevard County EMS Trust grant is a REIMBURSEMENT GRANT, with NO MATCH REQUIRED.

This grant program provides emergency medical service providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical service systems or equipment, and fund specialized or previously unfunded education programs that benefit the EMS community.

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Do not place more than one project in an application.

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Any organization that is related to or is a member of the EMS community is eligible for an award.

This includes:

- Licensed EMS providers
- First Responder organizations
- Emergency Departments of Brevard County
- EMS training centers, academic institutions and other pre-hospital EMS service providers.
- **NOTE: Any agency that has an open prior year grant award will not be eligible to apply for current year grant funding.**

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that the applicant meets the following criteria:

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2. The application demonstrates that the grant will be used to improve and expand pre-hospital Emergency Medical Services.
3. The application is completed and signed.
4. The application does not exceed the number of pages listed in the application packet.
(Letters of support may be submitted and will not be counted as pages.)

BREVARD COUNTY FIRE/RESCUE
EMS GRANT APPLICATION

(Complete all items unless instructed differently within the application)

1. <u>Organization Name and Primary Mission/Function:</u> Titusville Fire Department	
2. <u>Grant Signer:</u> (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Scott Larese	
Position Title: City Manager	
Address: 555 S. Washington Ave.	
City: Titusville	County: Brevard
State: Florida	Zip Code: 32796
Telephone: 321-567-3800	Fax Number: 321-383-5703
E-Mail Address: lucas.senger@titusville.com	

3. <u>Contact Person:</u> (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same. Additionally, the Contact Person will sign the Reimbursement request/Expenditure Report)	
Name: Lucas Senger	
Position Title: Deputy Chief Support Services	
Address: 550 S. Washington Ave	
City: Titusville	County: Brevard
State: Florida	Zip Code: 32796
Telephone: 321-567-3800	Fax Number: 321-383-5703
E-mail Address: lucas.senger@titusville.com	

4. <u>Type of Service (check one):</u>
Licensed EMS provider <input checked="" type="checkbox"/> First Responder Organization <input checked="" type="checkbox"/> Emergency Department _____
EMS Training Center _____ EMS Academic Institution _____
Other pre-hospital EMS service provider _____
Other (specify) _____

Medical Director of licensed EMS provider:

If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. [No signature is needed if medical equipment and professional EMS education are not in this project.]

Signature: David T Williams, DO Date: 9 Dec 2022

Print/Type: Name of Director DAVID T WILLIAMS, DO

FL Med. Lic. No. #056588

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

6. Certification: My signature below certifies the following:

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by Brevard County. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening of the application by Brevard County.

I accept in the best interests of the State, Brevard County reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

The budget shall not exceed the department approved funds for those activities identified in the notification letter. The applicant cannot propose to use grant funds to supplant or replace any county or other governmental funding source.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.

Wade
Signature of Authorized Grant Signer:
(Individual Identified in Item 2 or 3)

MM / DD / YY: 12/08/22

Brevard County Fire Rescue Emergency Medical Services

2023 Grant Application

Justification Summary

- A) The City of Titusville Fire Department (TFD) is seeking the AmbuMan Advanced mannequin. We are looking to enhance our emergency medical services (EMS) training by incorporating current advanced technology incorporated within the AmbuMan Advanced mannequin including airway management, ECG simulation, defibrillation and IV/IO access. With ever increasing calls for EMS, TFD crew's advanced skills training needs to increase as well to follow the demand. Currently, TFD does not have an advanced mannequin to train with. TFD would like to be able to hone skills with lifelike vital signs, cardiac rhythms, airway management, all on one mannequin. This product will allow for continuous skills assessment in real time with added software critiques. The report generated at the end of a skills or scenario session will all for immediate feedback to the trainees individually, and corrective actions can be taken if necessary. The citizens can be assured their TFD crews are being trained with the most advanced skills and scenario-based simulations possible. These lifelike scenarios will highly benefit both TFD's responders and citizens alike.
- B) The Brevard County Fire Rescue Emergency Medical Services 2023 Grant approval will allow Titusville Fire Department to increase Pt care training in the Brevard County emergency response system. EMS patient medical training is very valuable to the medical doctor in the emergency room by having fully qualified EMS personnel in the field. Increased trainings using the lifelike AmbuMan Advanced mannequin can introduce scenarios to the EMS personnel and making procedures and treatments decisions in real time. With the addition of AmbuMan

Advanced mannequin to TFD's EMS training, the skill sets will be transferred to live patients in the field resulting in better treatments. EMS training is essential, and having AmbuMan Advanced mannequin will allow TFD crews the chance to train on advanced technology.

C) Grant funds will be used to purchase the AmbuMan Advanced mannequin product using Vender of Record Bound Tree quoted pricing. Per obtained Bound Tree quote dated 12/06/2022, a cost of \$8,793.35 is needed.

D) The geographical area to benefit is city of Titusville, FL, and North Brevard including the areas between Kings Hwy and the north Brevard County Line. Approximately 300sq miles.
Approximately 47,000 – 60,000 people.

E) Proposed time frame:

First Month – Grant Awarded

Second Month – Purchase

Third Month – Acquire, in-service training

Third-Fourth Month – Initial trainings, reoccurring for life of product

From proposal to in-service use the City of Titusville Fire Department expects the process to take 3+ months' time depending on availability.

F) Data sources. Bound Tree EMS Sales Representative
Ambu EMS Sales Representative
<https://www.ambu.com/emergency-care-and-training/training-manikins/product/ambu-man-advanced-next-generation>

G) The City of Titusville Fire Department has not applied for nor been awarded grants funds for the AmbuMan Advanced mannequin.

Brevard County Fire Rescue Emergency Medical Services

2023 Grant Application

Explain how this grant will positively affect provider service or directly affect the ability to improve emergency service.

The City of Titusville Fire Department (TFD) understands our citizens expect a level of care, professionalism, and quality no matter who is providing life-saving efforts. We believe the AmbuMan Advanced mannequin will increase our level of care resulting in better outcomes for the citizens we come in contact with by increasing our level of skills and scenario-based trainings. The immediate feedback our personnel will receive directly results in a higher quality of care in the field. This mannequin allows for airway management using bag-valve masks (BVMs) to I-Gels to Endotracheal Tubes (ET). We can attach 4-lead electrodes to the mannequin and the software generates rhythms to be read real-time during scenarios and adjusts according to interventions used. IV/IO access points for circulatory access introducing fluids and medications. And a feedback chest compression device. Our EMTs and Paramedics will see real time how affective their chest compressions really are. All these items are compiled into the software and a critique report is generated for each individual involved in the scenario. This report gives the feedback needed to improve on procedures and decision making. All of this completes a better trained EMT and Paramedic. An increase in demand for EMS has increased to need for better trained individuals.

The improved safety of our EMT's and paramedics. The increased consistency of BLS and ALS skills. The potential increased levels of positive outcomes. The ability to provide the most current supported technology. The level of service on par with what our citizens expect. These are a few reasons the award of the 2023 Emergency Medical Services Grant for the AmbuMan Advanced mannequin will benefit TFP personnel and the citizens alike.

Quotation

Quotation#:

12/06/2022

Account Number: 150113-ESHIP001**BILL-TO**

TITUSVILLE FIRE AND EMS

PO BOX 2806

TITUSVILLE, FL 32781-2806

Ship Method: >\$100 NO FRT

Payment Terms: CREDIT CARD PMT

SHIP-TO

TITUSVILLE FIRE AND EMS

550 S WASHINGTON AVE

TITUSVILLE, FL 32796-3552

Contact Name

Phone Number

**Bound Tree**

Item	UOM	Description	Qty	Price	Ext.Price
3621-40700	1/EA	AmbuMan Advanced	1	\$8,793.35	\$8,793.35

Quote Total \$8,793.35**Comments:****Charlie Phipps**

Boundtree | Account Manager

|

Phone: (904) 640-1752 | Fax:

charlie.phipps@boundtree.com |

Sales tax will be applied to customers who are not exempt.

Shipping charges will be prepaid and added to the invoice unless otherwise stated.

This quotation is valid until the quote expires or the manufacturer's price to Bound Tree Medical increases.

To place an order, please visit our website at www.boundtree.com, login and add to your shopping cart

or call (800) 533-0523

fax (800) 257-5713

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	(5)
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	(5)
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	4	(5)
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	(5)
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	(5)
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	(4)	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	(5)
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	(4)	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	(5)
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	(4)	5
Innovative: Fits current county-wide EMS model.	1	2	3	4	(5)
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	(5)
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	(5)
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	(5)
TOTAL SCORE	67.				

Applicant Name: City of Titusville.

Grant Request Description: Ambulance Advanced Mannequin

Reviewer: John Atan

Signature: [Signature]

BREVARD COUNTY FIRE RESCUE GRANT COMMITTEE SCORECARD

Criteria	Score				
Problem Description: The agency clearly identifies the problem or need facing the community.	1	2	3	4	5
Benefit to Emergency Victims: The agency clearly describes beneficial impact toward emergency victims, as well as identifying the geographic area that will benefit from the grant funds.	1	2	3	4	5
Needs Based: Has identified a clear need and presents a clear value proposition.	1	2	3	4	5
Project Definition: The agency provides clear plan with key milestones and timeframes, specific beneficiaries and performance criteria to measure success.	1	2	3	4	5
Mission: Offers a clearly defined vision that aligns with the intent of the grant award.	1	2	3	4	5
Commitment: A thorough time line that executes the grant project within a 12 month period.	1	2	3	4	5
Outcome for Training Projects: Training will be beneficial to a large subset of EMS providers, including first responders.	1	2	3	4	5
Adverse Consequences: Clearly defines and/or illustrates the consequence(s) of not funding the grant project.	1	2	3	4	5
Management Team: Is led by a committed management team with proven ability or potential to execute project.	1	2	3	4	5
Budget: Provides a detailed budget that outlines use of granting funds and the complete funding strategy.	1	2	3	4	5
Innovative: Fits current county-wide EMS model.	1	2	3	4	5
Improvement of EMS System: Awarded funds will improve and expand Emergency Medical Services within Brevard county.	1	2	3	4	5
Replicable: Model is defined and appears to be easily replicable.	1	2	3	4	5
Justification Summary Provided: Clearly addresses and provides a detailed explanation of bullets (A-H) found on Brevard County EMS Grant Application.	1	2	3	4	5
TOTAL SCORE	61				

Applicant Name: Titusville FR

Grant Request Description: AmbuMan Advanced Mannequin

Reviewer: Cory S. Richter

Signature: _____